

Permit #

Application for Change of Occupancy

Department of Building Services P.O. Box 736, 300 W. Ash, City County Building Salina, KS 67402-0736 – Phone: 785-309-5715

Street Address		Suite	
Legal Description			
Property Owner			
Business Owner:			
Business Name:			
Describe the previous use and describe the proposed use:			
Mail Certificate To:	Name:		
	Address:		
	City,State,Zip:		
The undersigned hereby applies for a Certificate of Occupancy to comply with Section 42-728 of the City of Salina Code. Please understand that an inspection may be required. If an inspection is necessary, city staff will contact the applicant to schedule a date and time for the inspection.			
Applicant Name-PRIN	т	Phone	
Signature	Da	te	
Official Use Only			
Building Services Fire Department Planning Departm Engineering Depa Health Departmen Utilities Departme	involved in the review for this permit. In the review for this permit. In the review for this permit. Complete the information at the right.	Inspection Required? Y-N Date Inspection Performed Previous Occupancy Class New Occupancy Class Type of Construction Zoning Class	
Occupancy Approved E	Building Official	Date	
Fee: \$50.00, due at til	ne of application Receipt Number	Date Paid	
Staff Signature	Date		
BLF-45 Rev: 06-2004			

What do I need to have in order to submit this application?

- 1.A completed and signed application (BLF-045)
- 2.A completed "Process and Storage Information" form (BLF-106)
- 3. Payment of the \$50.00 fee

(Effective January 1, 2004 the fee for a Change of Occupancy Application / Certificate is \$50.00. This fee is due and payable at the time of application)